



Samuel Jackman Prescod Institute of Technology
Wildey, St. Michael, Barbados W. I. Telephone: 535-2200; Fax: 426-0843
Website: www.sjpi.edu.bb

STUDENT APPLICATION FORM

INSTRUCTIONS: Please complete this form in **CAPITAL LETTERS**

PERSONAL INFORMATION	
National Registration Number	
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
Surname	
First Name	
Other Names	
Home Address	
Mailing Address if different from Home Address	
Country of Birth	
Nationality	
Telephone	(Home) (Work) (Mobile)
Fax Number	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Month Day Year
Email Address	

INTERNATIONAL STUDENT INFORMATION			
Applicants born outside of Barbados MUST submit proof of their immigration status along with the application form.			
Immigration Status			
Effective date:		Expiry date:	
Passport Number			

EMERGENCY CONTACT

Name			
Address			
Telephone	(home)	(work)	(mobile)

PROGRAMME INFORMATION (See list of programmes)

First Choice			
Second Choice			
Type of study preferred	<input type="checkbox"/> Full-time All full-time programmes begin in August	Part-time <input type="checkbox"/> Paper-based <input type="checkbox"/> Online <input type="checkbox"/> Face-to-face	
Start Date (Part-time applicants only) Please indicate your preferred start date	<input type="checkbox"/> September	<input type="checkbox"/> February	

EDUCATIONAL HISTORY

Secondary School(s) Attended			
Years attended	From		To
	From		To

OTHER REQUIREMENTS

Does the programme/course you selected have prerequisites? Yes No

Do you have the prerequisites, for the programme/course selected? Yes No

If your answer is yes, state them below:

Do you have the CXC CSEC in Mathematics, Grades I-III or its equivalent? Yes No

Do you have the CXC CSEC in English A, Grades I-III or its equivalent? Yes No

If your answer is yes, you will be exempted from the SJPI Entrance Examination in that subject.

NOTE

Original certificates with copies as proof of qualification and a valid form of identification **must** be presented to the SJPI office Wildey, St. Michael **ONE** (1) week after application.

I hereby certify that the above information is correct. I understand that any false information submitted will invalidate my application. The SJPI reserves the right to discontinue undersubscribed programmes/courses.

Signature of applicant

Date